

## Champaign County Correctional Center

### RESIDENT'S REQUEST FORM

Resident's Name DUCKWORTH

Cell Assignment 2A21

Counseling \_\_\_\_\_ Substance Abuse \_\_\_\_\_ Programs \_\_\_\_\_

Classification \_\_\_\_\_ Medical ☒ Discipline \_\_\_\_\_

Supervisor \_\_\_\_\_ Legal \_\_\_\_\_ Religious \_\_\_\_\_

To Attend Religious Service \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I respectfully request an interview with:

DOCTOR

Reason: (This section must be filled out)

I NEEDED TO SPEAK TO YOU  
ABOUT AN APPOINTMENT  
WITH THE OUTSIDE DOCTOR  
I SAW BEFORE. ASAP

Date requested: 12-16-99

Resident's Signature Gregg Duckworth

Receiving Correctional Officer's Signature

121699 RKenney 5367

### ACTION TAKEN

No referral pending LAR

Interviewer \_\_\_\_\_ Date received \_\_\_\_\_

Date of Interview \_\_\_\_\_

EXHIBIT

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